



St Augustine Primary School

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St Augustine Medical Advice Form 2017

The School Education Act 1999 requires the provision of “details of any condition of the enrollee that may call for special steps to be taken for the benefit or protection of the enrollee or the persons in the school.” (16G)

To assist the school to respond to individual requirements please detail any special needs your child/ren has/have that may affect their welfare during school hours. Please complete the below details and sign in the appropriate area. Return to the CLASS TEACHER by **Wednesday 8 February 2017**. If the details of your child/ren have not changed over the past year please sign and return this form to the school. If you are unsure of the medical information that the school has please see your class teacher who has last year's information.

FAMILY NAME: _____

CHILD #1: _____ YEAR: _____

CHILD #2: _____ YEAR: _____

CHILD #3: _____ YEAR: _____

Please state the child's name if you have more than one attending the school.

This information remains confidential:

Medication/Condition; _____

Conditions: i.e. Allergic reaction to food or stings, vision/hearing.

I have checked the medical information with the school and all details listed above and at the school are correct.

Signed: _____ Date: _____

Applicable for 2017